



International Sociological Association, RC15

NEWSLETTER OF THE RESEARCH COMMITTEE ON THE SOCIOLOGY OF HEALTH

Number 45 October 2007

Contents

Letter from the President of RC15	2
Call for Papers, ISA RC15 Interim Meeting, Montreal 2008	3
First ISA Forum of Sociology, Barcelona 2008	5
International Institute of Sociology	6
History of RC15: A letter from Ray Elling	7
Sociology of Health and Illness in India	9
Notices	11
Changes of Address	16
Note from Newsletter Editor	16

Letter from the President of RC15

The new Steering Board is in place and working to make the interim period before the next ISA World Congress of Sociology a great success. Planning is now underway for our first interim conference to be in Montreal on 13-16 May, 2008. An announcement for the meeting is in this newsletter. The meeting will be held on the campus of McGill University jointly with the new Canadian Medical Sociology Association. A group of medical sociologists from the French Sociological Association is expected to participate. McGill has excellent facilities and the city itself is one of the nicest in North America. Good research papers, good food, good wine, opportunities for tourism, and the cosmopolitan atmosphere of Montreal make it an excellent place to host the RC15 gathering and renew old friendships and make new ones. You need to make plans to attend.

A second interim meeting will be held in Jaipur, India, in January, 2009 and RC15 will host a session at the International Institute of Sociology meeting in Budapest in June, 2008. The ISA Research Council will meet in Barcelona 5-8 September, 2008 and RC15 will join with RC13 to host a session on "Leisure, Health, and Well-Being" as part of the First ISA Forum of Sociology to be held at the same time. Information about these events will be forthcoming.

Additionally, I would like to ask all of our members to make a special effort to bring new members into RC15, especially graduate students and junior faculty who will be the future of our organization. I have recently recruited one new person and it will be good if all of you do the same. Robert Dingwall, our secretary – treasurer (Robert.Dingwall@nottingham.ac.uk) will be happy to send you information about joining ISA and RC15. New ideas and new people are very welcome.

Best wishes

William C. Cockerham
ISA RC15 President
E-mail: wcocker@uab.edu

Conference Announcement and Call for Abstracts

INTERNATIONAL SOCIOLOGICAL ASSOCIATION
RESEARCH COMMITTEE ON
THE SOCIOLOGY OF HEALTH (RC15)
INTERIM MEETING
&
THE CANADIAN MEDICAL SOCIOLOGY ASSOCIATION
INAUGURAL MEETING

“Making Connections for Health” McGill University, Montréal, Canada May 13-16, 2008

The conference organisers, Ivy Lynn Bourgeault, McMaster University and Amélie Quesnel-Vallée, McGill University, wish to invite abstract submissions for this joint meeting which will be **officially bilingual** (English/French). We encourage submission of research on all topics relevant to the sociology of health and health care from all parts of the world including, but not limited to:

- aboriginal health and health care;
 - complementary and alternative health care;
 - ethnicity, health and health care;
 - experiences of health and illness;
 - gender, health and health care;
 - genetics/health technology/ethics & risk;
 - health services and policy research;
 - health work/health professions;
 - international/comparative perspectives on health and health care;
 - health and health care across the lifecourse;
 - mental health and health care;
 - social determinants of health/population health
- Deadline for abstracts: **January 15th 2008** (the online abstract submission website will open on November 1, 2007)
 - Please consult the conference website www.makingconnectionsforhealth.ca for updates on the conference timeline and online abstract submission process.
 - We request abstracts of 750 words, succinctly describing research questions, data, methods, and findings (even if expected or preliminary).
 - In the spirit of a bilingual conference, abstracts and slides for oral presentations will be made available in both languages (we are aiming to fund these translation costs)

If you have questions, please email Tania Jenkins at CMSA.RC15.2008@mcgill.ca.

A note from the local organizers



CREDIT: McGill University

The conference will take place in beautiful Montreal, Canada – a city brimming with culture and bilingualism. McGill University is located in the heart of downtown Montreal, situated between the majestic Mount Royal and historic Sherbrooke Street, making it the perfect location to hold this new bilingual conference.

We hope to provide a propitious environment for both the English and French academic community to come together and share their research in medical sociology. As such, it is our goal to have each presentation translated into both official languages. Finally, this being a joint meeting between RC15 and the new Canadian Medical Sociology Association, we hope to highlight Canadian contributions to the field by inviting a panel of Canadian guest speakers to address some of the more pressing issues in medical sociology.

Amélie Quesnel-Vallée
E-mail: amelie.quesnelvallee@mcgill.ca



First ISA Forum of Sociology
Sociological Research and Public Debate
Barcelona, Spain
September 5 - 8, 2008

The idea of the Forum gathers and redefines the traditionally organised Research Council conference and the interim conferences of Research Committees. It will be an event with two kinds of programs: a general program conceived as a dialogue between RCs and made up of the papers presented by the RCs' delegates to the Research Council conference, and the parallel programs of the RCs organised by them.

The general theme is **Sociological Research and Public Debate** and a comprehensive plan of communication will be elaborated trying to project as much as possible the Forum towards the media and citizenry, and organizing a series of debates open to general public amongst prominent sociologists participating in the event, specialists of other disciplines and relevant actors of the public sphere.

The Forum is an initiative of Arturo Rodríguez Morató, ISA Vice-President for Research Council. It is organized by the ISA jointly with the Catalan Association of Sociology and the Spanish Federation of Sociology.

During the conference a **Joint Session of ISA RC13 and RC15** will be held under the theme
"Leisure, Health and Wellbeing".

The overlaps between health promotion and leisure/recreation promotion and services are intuitively strong and increasingly recognized in policy. It is now widely recognized that personal wellbeing is a basic health prerequisite. While "personal well-being embodies physical, mental and social well-being," in the final analysis it demands "that we have opportunities for "recreation," including access to leisure opportunities and recreation activities. "Having fun" is a basic prerequisite to health".

While most practitioners in health, leisure and recreation have long held to the first half of the World Health Organization's definition ("a complete state of physical, mental and social

wellbeing"), some remain focused on the second half ("the absence of disease or infirmity"). Much of our health promotion, leisure and fitness work becomes defined in relation to disease, specifically disease prevention. Part of this is the difficulty, if not impossibility, of defining universal measures of health or well-being.

Yet people's experiences of health and well-being are less about their experiences of disease or disability and more about their experiences of capacity and connectives. People's experiences of health usually relate to such phenomena as feeling vital, full of energy, having good social relationships, experiencing a sense of control over one's life and one's living conditions, being able to do things one enjoys, having a sense of purpose in life and experiencing a connectedness to "community". Such an experience can come through leisure only and as such health, leisure and wellbeing are deeply interconnected and require further exploration.

Work / life balance has become a common phrase in recent years, as more focus has been put on people's working lives and how they affect health, wellbeing and family life. Stresses generated by contemporary lifestyles and competitive working patterns and conditions as a consequence of advancing globalization are telling on people's health and wellbeing and to overcome such a situation provisions of sufficient and wholesome leisure and leisure activities could prove and play the role of a saviour. Maybe a more "leisured society" can create a "healthier society". Let's debate.

Deadline for sending your abstract (approx. 250 words) is 15 December 2007 at the latest. Please send your abstract to one of the following addresses, indicating that it is for the joint session:

Ishwar Modi, E-mail: iiiss2005modi@yahoo.co.in

William Carl Cockerham, wcocker@uab.edu

Ellen Annandale, E-mail: eca7@leicester.ac.uk

For further information please visit the conference website
http://www.isa-sociology.org/barcelona_2008/

International Institute of Sociology

RC 15 will sponsor the session on "Health and Mortality in the Former Soviet Union and Eastern Europe" at the International Institute of Sociology World Congress in Budapest, Hungary, 26-30 June 2008. Send abstracts to bhinote@mtsu.edu by 15 January 2008.

History of ISA RC15

With Newsletter 44 we started to recall the history of RC15 and asked former Presidents of RC15 for a note. This is continued with a letter from Ray Elling in this newsletter.

Some reflections of a former RC 15 Chairperson

The origins of RC 15 may be found as far back as 1958 when a “Medical Sociology Committee” met in Stresa as part of the quadrennial meeting of the International Sociological Association (ISA). Some years later in 1972 it was formally constituted as the “Research Committee on the Sociology of Medicine” of the ISA. The first Chairperson was Mark Field from Boston, USA, with Magdalena Sokolowska from Warsaw, Poland as Vice-chairperson. Steering Committee members were: Robin Badgley, Toronto, Canada; Derek Gill, Aberdeen, Scotland; Manfred Pflanz, Hannover, West Germany; and George Reader, New York City, USA.

This illustrious group was still serving when I was invited to organize a “Comparative Health Systems” papers session for the VIIIth World Congress of Sociology (the ISA quadrennial meeting) in Toronto in August 1974. With some editing on my part, these papers, plus three more, specially invited ones, were published as “Comparative Health Systems”, a supplemental volume of *Inquiry* (Journal of the Blue Cross Association, Vol. XII, No. 2, June 1975). RC 15 meetings were never “all work and no play”. On this occasion, one of our local members got her husband to take us for a lovely sunset, dinner cruise on Lake Ontario aboard their beautiful 36 foot sailboat.

My really active involvement with RC 15 began when I followed Albert Wessen in the position of Chief, Behavioural Sciences Unit in the research division (RECS) at WHO. While at WHO, I worked with others to get the ISA and thereby RC 15 officially recognized as an NGO affiliate of WHO. This relationship has been important over the years, but in my opinion, WHO could have got more out of it by including RC 15 members in special meetings on primary health care, malaria control, etc and otherwise engaging the methodological, conceptual and health/medical expertise our organization.

In 1982 I was elected to the Steering Board and in turn the Board elected me Chairperson. In 1986 I was reelected to a second four year term. During my tenure, in addition to guarding the lively scientific, scholarly work of the group, I tried to pursue three goals. The first was to broaden participation to include sociologists from across the world, to correct somewhat the North American/European domination of the group up to that point. We had some success in this. From a Letterhead of my second term, I see the following makeup of the Steering Committee:

Debabar Banerji, New Dehli, India; Ray Elling, Farmington, CT. USA, Chairperson; Heidrun Kaupen-Hass, Hamburg, West Germany; Asa Cristina Laurell, Xochimilco, Mexico; Rance P.L. Lee, Hong Kong, Secretary-Treasurer; Stella Quah, Singapore, Vice-chairperson;
Members Elect:

Hans-Ulrich Deppe, Frankfurt, West Germany; Kyoichi Sonoda, Tokyo, Japan; Wim van den Heuvel, Groningen, The Netherlands; Derek Gill, Baltimore, MD. USA (having moved here from Scotland).

A second concern was to broaden the theoretical perspectives of the group by including more work employing a class-based, conflict framework in addition to work employing the more usual and more accepted consensual or integrative theory. When Bismark adopted the first national health system in the world in 1883 he did so “to cut the legs off the Socialist Workers’ Movement”, class conflict was in play. When the United Auto Workers go out on strike against GM, in part to protect their health insurance, we have another example of class struggle in the health sphere. Over the years, I have seen our field importantly enriched by work done from a Marxist class conflict perspective. This view is elaborated in a piece looking back on some 50 years of work in the health social sciences*. I do not believe the leadership of RC 15 has been as encouraging of work from the conflict perspective since my time. Perhaps in the future, more attention will be given to this concern. The third emphasis was to broaden the recognition and acceptance of our work to the whole field of health including nursing, public health, epidemiology, dentistry, pharmacy etc.

At the interim meeting we co-sponsored with the “Second Asian Conference on Health and Medical Care” held August 11-14, 1986 in Urayasu, Japan, I gave a talk at the opening ceremonies entitled, “Medical Sociology or Health Sociology?” In it I cited the WHO definition of health: “Complete physical, mental and social well being, not simply the absence of disease.” While this is very idealistic, it is also inspiring and calls out the very stuff of sociology. Later that month at the ISA meeting in New Dehli, the issue of the name of our Section received lively and thorough discussion at our Business Meeting. When a vote was taken, a large majority favored a change. The ISA then formally changed our name to “Research Committee on the Sociology of Health.” It seems to me that RC 15 has continued to encourage good scholarship and scientific research in the broad field of Human Health and this has been all to the good. For me it has always been one of the high points in my career to have had the honor and privilege of serving as Chairperson of RC 15.

* For a more detailed overview of how I see our field to have evolved, see "Reflections on the Health Social Sciences, Then and Now", *Soziologie der Gesundheit, Kölner Zeitschrift für Soziologie und Sozialpsychologie*, special issue 46, 2006. This piece will be reprinted as the lead article in the next issue, no 4, of the *International Journal of Health Services* which comes out shortly.

Ray Elling Ph D
Professor of Health Sociology (emeritus)
Departments of Community Medicine, Sociology and Anthropology
University of Connecticut
Email: relling58@hotmail.com

Sociology of Health and Illness in India

Sociology of Health and Illness in India has been studied under various synonyms such as “Medical Sociology”, “Sociology of Health” and “Sociology of Medicine”. The development of Medical Sociology in post-Independence India was of the “inductive” orientation type (Hyman 1968), as sociologists and social anthropologists for the first time were involved in the public health programs during the fifties by the Government of India (Mehta 1982). However, the development of medical sociology or sociology of health in India remained slow until the last decade of the twentieth century. Until that time sporadic efforts continued to map and analyse the various facets of the complicated health scenario of the country. Anita Ahluwalia (1974) provided a broad overview of the studies carried out in the ICSSR commissioned trend report of sociology of medicine. Studies on “doctors” (Madan 1972, Chandani 1977), “indigenous medicine practitioners” (Bhatia et al 1972), the “doctor-patient relationship” (Advani 1975) and on “doctors and nurses” (Oommen 1978) also began to appear during the same period. In a later trend report of the ICSSR on professions, Sharma (1979) also reported on these aspects.

In spite of advances in medical knowledge and technology most studies in the field of medical sociology / sociology of health by and large concurred with what Cockerham (1978) had stated “that regardless of a society’s level of medical knowledge and technology, the structure of medical science still functions within the context of the values, attitudes and beliefs of the people comprising that society”. During this period many a study also focused on the provisions of health services and their adequacies and inadequacies particularly in the rural and tribal areas in the broader context of community studies. The opening up of the country in the direction of liberalization, privatization and globalization during the nineties also brought about a significant change in the mindset of Indian sociologists towards sociology of health and illness and as a consequence many university departments of sociology introduced optional papers on medical sociology / sociology of health during this period.

However, the main turning point which enthused and motivated a significant number of Indian sociologists to undertake studies in the area of sociology of health and illness was the 2001 census data showing the adverse sex ratio of girls as compared to boys. Such a situation also raised the burning issues of female infanticide and sex-selective abortions (Patel 2007) and the related issues of reproductive health and general welfare of the girl child. However, studies on various dimensions of the reproductive health situation in India, ranging from the situation of adolescents to the magnitude and patterns of reproductive tract and sexually transmitted infections had already appeared (Ramasubban and Jejeebhoy 2000). Census data of 2001 also brought into question the new reproductive technologies and their gendered application. As a consequence, new and comprehensive health systems programmes were introduced in almost all the states of the country requiring at the same time their evaluation. Besides the medical practitioners, a large number of sociologists and anthropologists are currently involved in this exercise. Studies on female infanticide and child marriages from a historical perspective (Goswami 2007) as well as on the social consequences on sterility and infertility (Lavania 2006) have also been published recently. The varied social dimensions of health, illness and well

being in their various ramifications have also been brought out in a recent publication (Dalal and Ray 2005).

The last decade has witnessed many changes in the sexual and reproductive health situation in India. The policy and programme environment has undergone a significant shift from a narrow target-oriented family planning approach to a broader orientation that stresses sexual and reproductive health and choice (Jejeebhoy 2004). Some changes such as declining infant mortality, increased access to skilled attendance at delivery, and declining unmet need of contraception have been positive. Other trends are disturbing, such as stagnating levels of maternal mortality, the spread of sexually transmitted infections (STIs) notably HIV, the persistence of wide gender imbalances and the limited exercise of reproductive rights by many, particularly women. Moreover, the decade has raised concern about the unique sexual and reproductive health needs of the young. It has also seen the absorption of new technologies into everyday sexual and reproductive life.

Finally, while the need for a rights-based approach has been recognized, this has not been reflected in terms of government accountability in the realization of health rights. In short, despite the strides made on several fronts, India continues to face a situation of considerable sexual and reproductive ill health and lack of informed choice. Lately researches have been conducted which provide a comprehensive overview of the reproductive health and rights situations and highlight major programmatic challenges and directions for policy-relevant empirical research on sexual and reproductive health in India (Jejeebhoy 2004).

Issues of population, health and development from a changing perspective have also been dealt with recently (Roy, Guruswamy and Arokiasamy 2004) which also focus on mortality (Singh & Ram 2004), Hindu-Muslim fertility differentials (Chattopadhyay, Bhagat & Roy 2004) and the sexual behaviour of male youth in rural India (Lhungdim & Verma 2004)

The realisation that the public sector alone cannot take care of the exploding population spread over in distant and remote areas of the country, a huge big private sector network of health providers equipped with latest equipments, technologies and expertise comparable to the best in the world has emerged and is spreading its wings far and wide and fast. As compared to the cost of medical care in the west, the costs involved for the services provided by these health providers are fairly economical. Also the fact that foreign patients are treated as a priority and with personal attention has given rise to a new phenomenon of Medical Tourism. As such various facets and dimensions of medical tourism have emerged as new areas of research in the fields of the sociology of health and the sociology of leisure and tourism. Reference to tourism also reminds us of AIDS and drug abuse to which also attention has been paid and researches carried out lately by sociologists of health in India. Among the several studies on AIDS in India that have appeared lately mention may be made of the works of Cohen and Solomon (2004), Geetha (2004), Pittolo (2004), Petitet (2004 and 2006), Ramasubban and Rishyasinga (2005) etc. Likewise, several studies on various dimensions of drug abuse were also conducted during the last decade including the one by this author and Shalini Modi (1997).

Prof. Ishwar Modi
Director, India International Institute of Social Sciences
28, Vishnu Enclave, Durgapura, Jawahar Lal Nehru Marg
JAIPUR – 302018, India
Email: iiiss2005modi@yahoo.co.in



FORTHCOMING MONOGRAPH ISSUE

NEW CONNECTIONS: TOWARDS A GENDER-INCLUSIVE APPROACH TO WOMEN'S AND MEN'S HEALTH

Edited by Ellen Annandale and Elianne Riska

EDITORIAL INTRODUCTION:

New Connections: Towards a Gender-inclusive Approach to Women's and Men's Health,
Ellen Annandale and Elianne Riska

GENERAL ISSUES

From women's health to gender mainstreaming and back again:

Linking feminist agendas and new governance in health care, Ellen Kuhlmann

Men, masculinities and heart disease: A systematic review of the qualitative literature,
Carol Emslie and Kate Hunt

GENDERED HEALTH NEEDS

**Gender, sexuality and embodiment: Access to and experience of health care by same-sex
attracted women in Australia,** Jane Edwards and Helen van Roekel

**Men who have sex with men and partner notification in Ireland: Beyond binary dualisms
of gender and health care,** Claire Coleman and Maria Lohan

**The male involvement program and men's sexual and reproductive health in Northern
Namibia,** Pempelani Mufune

AGE, ETHNICITY AND GENDER

Constructing relatedness: Ethnicity and third party assisted conception in the UK, Lorraine Culley and Nicky Hudson

Private and public ageing in the UK: The transition through the menopause,

Karen Ballard, Mary Ann Elston and Jonathan Gabe

Finnish commercial web-based information on male menopause and male hormone therapy, Kirsi Vainionpää

Book announcements

Researching Health: Qualitative, Quantitative and Mixed Methods

Edited by Mike Saks and Judith Allsop, Sage, 2007

In this book, a range of experts from universities worldwide draw on their extensive experience to provide a practical and accessible guide to the wide span of methods used in health research. The book covers how to conduct health research, the use of qualitative and quantitative methods, a number of contemporary issues in researching health, and the dissemination of health research. As such, the text provides an ideal resource to help readers carry out their own health research projects and use the research of others more effectively in their work. Its many novel features include case studies drawn from research undertaken by the contributors themselves, health research exercises, annotated further reading and a glossary. It is also supported by a helpful companion website which contains PowerPoint slides for lecturers, teaching notes, links to other relevant websites and associated online reading from Sage research methods journals.

Ellen Annandale, Editor-in-Chief of Social Science & Medicine has described it as ‘an indispensable resource for health research ... impressive in scope and depth of coverage.’ It is hoped that it will become a standard text on health and other courses at higher level undergraduate and postgraduate level as well as for healthcare managers and health researchers nationally and internationally. The book is available in paperback at £22.99 and hardback at £65.00. For further details see www.sagepub.co.uk.

Comparative Health Policy, 2nd edition

Robert H. Blank and Viola Burau, Palgrave, 2007

This book provides a broad-ranging introduction to provision, funding and governance in a wide range of health systems, using Australia, Germany, Japan, New Zealand, the Netherlands,

Singapore, Sweden, the UK and the USA as detailed examples throughout. Covering acute, long-term and preventative services, the book analyses the impact of variation in the relative emphasis on equity, quality and efficiency on priority setting and service provision, and assesses what lessons can be learned about the consequences of different public/private mixes, policy and funding processes. The fully revised second edition includes four restructured chapters and new topical material, boxes and case studies throughout.

In his review of the first edition, Ted Marmor, Professor of Public Policy & Management, Yale School of Management, USA, writes: 'An excellent introductory text for a complex and changing subject which effectively shows how the forces of convergence in health and medical care policies are balanced against the national sources of continuing differences in how health care is delivered, financed, regulated, and evaluated.' The book is available in paper back for £20.99 and in hard back for £60.00. For further information see www.palgrave.com.

The Medicalization of Society. On the Transformation of Human Conditions into Treatable Disorders

Peter Conrad, The Johns Hopkins University Press, 2007

Editorial reviews "Peter Conrad is one of the leading scholars of medicalization today. He mines a deep, rich vein of modern American society; his efforts yield pure sociological gold. This engaging and comprehensive book will endure not only as the intellectual foundation on which future generations of sociologists will build but also as a shining exemplar of lucid theory and the highest sociological craft." – Elizabeth Armstrong, Princeton University, for further information see publisher's website.

Forthcoming

Rethinking professional governance: International directions in health care

Edited by Ellen Kuhlmann and Mike Saks, Bristol: Policy Press, forthcoming April 2008

Focusing on the key themes of policy and workforce change, this edited collection looks across countries and professional groups, mapping out major trends. In bringing together research from a wide range of continental European countries as well as the United Kingdom, Canada and Australia this book highlights different arenas of governance, as well as the various players involved in the policy process. The public debate on professional governance – hitherto mainly limited to medical self-regulation – is expanded to a broad span of health care providers, from nurses and midwives to alternative therapists and health support workers. The book has three main parts: Part I: New directions in the governance of health care, Part II: Drivers and barriers to integration: health policies and professional development, Part III: Workforce dynamics: gender, migration and mobility. As such, it addresses issues of high relevance to policy, practice and academic debate and contributes to a theoretically and empirically informed rethinking of professional governance in national and international contexts. For further information visit <http://www.policypress.org.uk>.

Conference announcements

Communication, Medicine and Ethics 6th International Interdisciplinary Conference 2 - 4 July 2008, Cape Town, South Africa

The conference aims to bring together scholars from different disciplinary backgrounds involving various medical specialities and the human and social sciences. A special emphasis will be on the dissemination of ongoing research in discourse / communication studies and practical ethics which engages directly with medical practitioners. The COMET Conference to be held in South Africa, hosted by the Health Communication Project at the University of the Witwatersrand, is an opportunity to highlight some of the unique challenges for medicine and ethics arising from the cultural and linguistic diversity of this context. Health communication in multilingual and multicultural contexts and HIV/Aids will attract particular interest; for more information visit <http://www.wits.ac.za/conferences/comet2008/>. Individual paper/poster proposals should be within 250 words, and proposals for colloquia and workshops should be within 500 words. Deadline for Abstracts: 15 February 2008. For further information, contact

*Claire Penn, Chairperson, Conference Organising Committee,
healthcomm@umthombo.wits.ac.za or comet2008@rca.co.za*

Call for Papers "Globalisation, Pharmacy and Medicines"

The Institute of Health and Community Studies, Bournemouth University, UK and The School of Pharmacy, University of Auckland, NZ are delighted to be hosting the 15th International Social Pharmacy Workshop at the Copthorne Hotel & Resort in Queenstown, **New Zealand from Tuesday 8 July to Friday 11 July, 2008**. The theme for the workshop is "Globalisation, Pharmacy and Medicines" and the aim is to explore everything from education and workforce issues to counterfeit drugs and internet sales. We especially invite critical perspectives and commentary. Further conference information such as calls for workshop, oral presentation and poster abstracts, and venue, registration and programme details will be posted on the new Social Pharmacy website at <http://socialpharmacy.otago.ac.nz>. This is an interactive website that allows you to enter your own information including research interests, contact details and course materials for sharing with social pharmacy colleagues.

*Kath Ryan, John Shaw, Janie Sheridan and Fiona Kelly
Organising Committee*

BSA Medical Sociology Group Annual Conference 2008

Thursday, 4th – Saturday, 6th September 2008
University of Sussex, Brighton, UK

Plenary speakers are:

- **Mildred Baxter**, Department of Social Medicine, University of Bristol
- and **Mike Bury**, Royal Holloway University London.

Papers, posters and other forms of presentation will be structured around streams that include:

1. Cancer	12. Lay/professional interface
2. Complementary & Alternative Medicine	13. Lifecourse
3. Ethics	14. Mental Health
4. Ethnicity	15. Methods
5. Experiences of Health & Illness	16. Primary care
6. Gender	17. Risk
7. Genetics	18. Reproductive & Sexual Health
8. Health service delivery & organization	19. Teaching Health Professionals
9. Health policy	20. Theory
10. Health technologies	21. Open stream
11. Inequalities	22. International

Further details and abstract submission form available from:
www.britsoc.co.uk/events/msconf and bsamedsoc@britsoc.org.uk

The abstract submission deadline is April 25th 2008
Abstracts received after this date will not be considered

Changes of Address

If you change your email or postal address, please do not forget to let us know by contacting us by email or regular mail. Please contact:

Robert Dingwall
RC15 Secretary
Institute for Science and Society
Law and Social Science Building
University Park University of Nottingham,
Nottingham NG7 2RD, UK
E-mail: Robert.Dingwall@nottingham.ac.uk

Note from Newsletter Editor

The next Newsletter No 46 is scheduled for March 2008.

Notices and Call for Papers of interest for RC15 members are very welcome. Following the President's note: 'new ideas are welcome'; and hopefully, the Newsletter will contribute to knowledge exchange and collaboration between members of RC15 across the globe. To this end, country reports and announcements of events from those regions that are yet not well represented in the ISA are especially invited. Please send your information to the Newsletter Editor:

Ellen Kuhlmann
University of Bath
E-mail: e.c.kuhlmann@bath.ac.uk.